

## PROVIDER QUALIFICATIONS CHECKLIST

Name of Provider: \_\_\_\_\_

Date: \_\_\_\_\_

When Self-Directed Comprehensive or Support Services funds are used the following will be required and documented for each Provider:

- ☐ Is at least 18 years of age;
- ☐ Has approval to work based on current SPD policy and procedures for review of criminal history; (attach records or document date, person and position providing verbal confirmation)  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ Is legally eligible to work in the United States; (attach I 9 or document verbal confirmation)  
\_\_\_\_\_
- ☐ Is not an immediate\* family member of the individual receiving supports:  
\* **“Immediate family”**, for the purposes of determining whether Self-Directed Supports funds may be used to pay a family member to provide services, means the parent, stepparent, or foster parent of a child or the spouse of an adult.
- ☐ Signed Confirmation of Provider Qualifications
- ☐ Signed Provider Agreement
- ☐ Holds current, valid, and unrestricted appropriate professional license or certification where care and supervision requires specific professional education, training and skill;
- ☐ In the case of an agency, holds any licensure or certification required by the State of Oregon or federal law or regulation; and
- ☐ Is not on the current Health Care Finance Administration list of excluded or debarred providers
- ☐ If providing transportation, has a valid driver’s license, a good driving record, and proof of insurance.

My signature indicates that all of the above are true and the appropriate corresponding forms can be found in either the individual’s file or the provider’s file.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date